



**U.S. UTILITY Patent Application**

JK-852

SCANNED ADP O.I.P.E. CTH G.A. MTU

**PATENT DATE**

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|------------------------------|-------------------|--------------|-----------------|------------------|-------------------|
| APPLICATION NO.<br>09/897317 | CONT/PRIOR<br>D F | CLASS<br>433 | SUBCLASS<br>215 | ART UNIT<br>3732 | EXAMINER<br>LEWIS |
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## APPLICANTS

Marc Seghatol

**TITLE:**

Hand-held microwave intra-oral dental system

PTO-2040  
12/89

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| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|--|
| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
|                              |  |          |  |                    |                                   |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|   |  |             |            |                                   |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____   | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|   |  |             |            | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.  | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
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